



Challenge TB - <Kyrgyz Republic>

Year 2

Quarterly Monitoring Report

October-December 2015

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Table of Contents

1. QUARTERLY OVERVIEW	4
2. YEAR 2 ACTIVITY PROGRESS	5
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2	7
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	8
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	9
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	111
7. QUARTERLY INDICATOR REPORTING	133

Cover photo: A Skype conference call attended by Dr. Atyrkul Toktogonova - the National MDR TB coordinator (center), Jazgul Tunkatarova National TB Drug management coordinator (left), KNCV country office specialists Merkinai Sulaimanova (right), and Gunta Dravniece - KNCV HQ consultant and Maria Idrissova KNCV RO consultant discussing the development of the Operational Research Protocol for the introduction of the Bedaquiline for pre XDR and XDR TB patients and shortened treatment regimens for MDR TB patients, December 2015 (Credit: Bakyt Myrzaliev)

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Kyrgyz Republic
Lead Partner	KNCV Tuberculosis Foundation
Other partners	N/A
Work plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements:

- Challenge TB (CTB) Kyrgyzstan (KG) drafted a National plan for the introduction of new TB drugs and short regimen for MDR TB treatment. During the joint WHO/Challenge TB assessment and workshop on pharmacovigilance (PV) conducted in December 2015, three consultants Svetlana Setkina (WHO), Andrei Dadu (WHO) and Svetlana Pak (KNCV) adjusted the PV part of the National plan for the introduction of the new TB drugs and short regimen including the plan of active monitoring adverse events. MoH is expected to endorse this plan in March 2016. The next step will be to follow up on the implementation of activities in accordance with the Plan.
- In December 2015, CTB consultants Suzanne van den Hof, Gunta Dravniece and Maria Idrissova provided technical assistance through regular Skype conferences with the National MDR coordinator Atyrkul Toktogonova for the development of:
 - The diagnostic algorithm for detection of MDR and XDR TB patients and patient's selection;
 - The criteria for inclusion and exclusion of shortened multidrug-resistant tuberculosis (MDR TB) regimens and regular XDR TB regimens with new TB drugs (Bedaquiline);
 - The procedures for patients' enrolment.
- CTB KG carried out two presentations at The Union Conference on Lung Health in Cape Town, South Africa in December 2015. During an oral session the diagnostic barriers among newly diagnosed pulmonary TB patients in Kyrgyzstan were presented and a poster presentation showed the risk factors of not following up on TB patients on second line treatment.

Technical/administrative challenges and actions to overcome them:

The Kyrgyz Government denounced the Agreement with the US Government in August 2015. This affected the implementation of activities, over which VAT will now need to be paid. KNCV country team looked for alternatives to ensure continuation of project implementation without delay (e.g. using suppliers who do not charge VAT, organize meetings at the office, etc.).

The CTB KG office has limited HR resources, which means that the finalization of the National Plan for the introduction of new TB drugs and short regimen in parallel with the development of the operation research protocol have been delayed.

The need for increasing technical capacity has become urgent and additional staff such as a Technical Officer with clinical experience responsible for adapting the clinical part in the operational protocol and the support management of DR TB patients will be hired in Q2.

2. Year 2 activity progress

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
3.2.1. Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	3.2.1.	<ul style="list-style-type: none"> Optimized diagnostic algorithm for early diagnosis of M/XDR-TB developed SOPs for patient selection and management developed 	OR protocol submitted to the Ethics committee	OR protocol on shortened regimens and new TB drugs approved by MoH and Ethics committee		Optimized diagnostic algorithm for early diagnosis of M/XDR TB treatment developed and submitted to NTP for review Development of SOP for patient selection and management moved to Q2	Partially met	Development of SOPs was not possible without agreement of NTP on the Diagnostic algorithm, criteria for inclusion and exclusion from treatment, and patient enrolment procedures. To speed up the work on SOPs and OR protocol, CTB consultants are planning to visit Kyrgyzstan in March 2016 to meet with NTP partners to finalize SOPs and OR protocol. OR protocol is expected to be endorsed in April 2016.
3.2.2. Development of system for link between laboratory, clinicians, register and SES in pilot sites	3.2.2.			SOPs for link between laboratory, clinic and SES developed			NA	
3.2.3. Development data base for patient registration and monitoring in CTB pilot sites	3.2.3.		Interim data base for pilot sites and laboratory developed				NA	
3.2.4. Development of system for clinical monitoring and active pharmacovigilance	3.2.4.		Guidelines for adverse effect	<ul style="list-style-type: none"> AEs reporting forms adjusted. 			NA	

			management developed	• SOPs for PV developed				
3.2.5.Coordination partners meetings	3.2.5.	Partners meeting conducted		Partners meeting conducted		CTB had three coordination meetings with MSF (three specialists) and NTP (two specialists) for the development of the draft national plan on introduction of new TB drugs and shortened MDR TB regimens. The national plan has been drafted.	Met	Coordination partner meetings will be conducted regularly till the end of year
3.2.6. Trainings for clinical, laboratory, PV and SES personnel in pilot sites	3.2.6.				25 key specialists from pilot sites trained		NA	
3.2.7.Patient selection, enrolment and monitoring	3.2.7.				KNCV consultants visit conducted, TA to local partner provided, on the job-training conducted, TB patients selected and enrolled to treatment		NA	

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
KGZ-S10-G08-T, UNDP	A2	A1	\$ 25.7 m	\$ 24.7 m	
KGZ-910-G07-T, HOPE	A2	A2	\$ 5.9 m	\$ 5.6 m	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The Concept note was approved and UNDP as the principal recipient of GF, prepared the full proposal with detailed work plan and budget.

The plan and budget for the first six months of the project was approved by GF in November 2015. The plan for the following 18 months has been revised by GF and needs clarification on details of additional funds for monitoring of the TB program with GF grant.

A new PIU GF/UNDP manager will replace Paula Girts as from April 2016.

As a result of mistakes made by both NTP and UNDP (NTP requested Cycloserine for one year without taking into account the quantity in stock and UNDP approved and supplied Cycloserine with limited expiration date for a full year to the country), 5,870 packages (Nº100) of Cycloserine supplied through GF will expire in January 2016. The NTP as asked permission from the MOH to use these. At the same time, UNDP has requested the same permission from GF.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB KG provided technical support in calculating the SLDs needs, new and companion drugs (clofazimine, imipenem, linezolid) based on estimates of M(XDR)TB cases. These will be included in the GF Procurement plan.

Together with WHO, CTB KG developed a justification for inclusion of reagents for HAIN 2 (fluoroquinolones and injectable drugs) in the GF Procurement plan.

4. Success Stories – Planning and Development

Planned success story title:	Preparation of introduction of new TB drugs
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.1. Endorsed, responsive, prioritized and costed strategic plan available
Brief description of story idea:	New TB drugs are introduced and patients are receiving treatment
Status update: Preparation in progress: the topic has been chosen, sub-objective and intervention area of the story are selected as well. Background information on the story is being drafted. The success story will be finalized after the endorsement of the Strategic plan, when drugs will be supplied and treatment has started (in August-September 2016).	

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	528	566	* preliminary data
Total 2011	679	804	
Total 2012	958	958	
Total 2013	1590	1160	
Total 2014	1285	1219	
Jan-Mar 2015	350	355	
Apr-Jun 2015	322	315	
Jul-Sep 2015	258	257	
Oct-Dec 2015	236*	202*	
Total 2015	1166	1129	

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						CTB KG is not yet implementing activities in geographic areas. Only national data is available. However, data for 2015 is not yet available as NTP is in the process of collecting data for Jan – Sept 2015.
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)	7221*					
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Susan v/d Hof		x			OR protocol development	Pending		3 days	1-5 March
2	KNCV	Job van Rest		x			Data base	Pending		3 days	to be planned
3	KNCV	Susan v/d Hof			x			Pending		7 days	to be planned
4	KNCV	Maria Idrissova		x			OR protocol development	Pending		3 days	1-5 March
5	KNCV	Gunta Dravniece		x			OR protocol development	Pending		3 days	1-5 March
6	KNCV	Maria Idrissova			x			Pending		7 days	to be planned
7	KNCV	Svetlana Pak			x			Pending		7 days	to be planned
8	KNCV	Gunta Dravniece			x			Pending		7 days	to be planned
9	KNCV	HQ PM or PO			x			Pending		6 days	to be planned
10	KNCV	RO FO			x			Pending		6 days	to be planned
11	KNCV	CD		x				Pending		6 days	1-5 February
12	KNCV	CD				x		Pending		6 days	to be planned
13	KNCV	FO				x		Pending		6 days	to be planned
14	KNCV	Maria Idrissova				x		Pending		12 days	to be planned
15	KNCV	Gunta Dravniece				x		Pending		12 days	to be planned
16	KNCV	Maria Idrissova				x		Pending		5 days	to be planned

17	KNCV	CD	x					Complete	1 - 9 Dec 2015	7 days	UNION conference, poster and oral presentations on OR
Total number of visits conducted (cumulative for fiscal year)								1			
Total number of visits planned in approved work plan								17			
Percent of planned international consultant visits conducted								6%			

7. Quarterly Indicator Reporting

Sub-objective: 2. Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		annually	0	NA	Measured annually	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		annually	50% (one from two laboratories)	NA	Measured annually	
2.2.7. Number of GLI-approved TB microscopy network standards met		annually	NE	NA	Measured annually	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.		Every six months	2014 – 33.3% (new - 567/2453-23.1% and previously treated cases -619/1106-56.0%)	65% in CTB pilot sites	Measured every six months	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach		annually	Civil sector: all forms 7,221; Penitentiary sector: all forms 202	N/A	Measured annually	
3.1.4. Number of MDR-TB cases detected		Quarterly and annually	1,285 MDR TB (data NTP 2014)	NA	236*	Oct- Dec 2015 (preliminary data)
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).		annually	Civil sector 1,096/1,349 - 81.2%; penitentiary sector 22/26, 84.6% (data NTP-2014)	NA	Measured annually	
3.2.4. Number of MDR-TB cases initiating second-line treatment		Quarterly and annually	1,219 MDR TB, 43 XDR TB with standard regimens, 0 initiated short regimens (2014) and none of the XDR cases received adequate Tx regimen	5 XDR TB (new regimens) and 20 MDR TB cases for short regimens	0	MDRT TB patients will initiate second line treatment in Q4 (August-September 2016)
3.2.7. Number and percent of MDR-TB		annually	General 62.7%, in civil sector 63.6%; penal	NA	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
cases successfully treated			sector 50.9% (data NTP 2012)			

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	gender	annually	24 (MoH, 2014)	NA	Measured annually	

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT		annually	550 children in 2014	NA	Measured annually	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity		annually	NA	NA	Measured annually	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership		annually	0	NA	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	NA	NA	Measured annually	
8.2.1. Global Fund grant rating		annually	A1 in 2014		Measured annually	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	gender	annually	363 (2013)	NA	Measured annually	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system		annually	1 in 2015	NA	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	NA	NA	Measured annually	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	NA	NA	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	NA	NA	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained,	gender and technical area	annually	0	25	0	HCW will be trained in Q3 (May-June 2016) after endorsement of OR protocol.
11.1.5. % of USAID TB funding directed to local partners		annually	NA	0	Measured annually	

